

APPLICATION FOR EMPLOYMENT

City of Flagstaff Human Resources Division

211 West Aspen Avenue, Flagstaff, AZ 86001

Phone: (928) 779-7698 - Toll Free: (800) 463-1389

Fax: (928) 779-7693 - TDD: (928) 774-5281

www.flagstaff.az.gov * human.resources@ci.flagstaff.az.us

*Please type or print legibly. It is necessary to answer each question as completely as possible even if you attach a resume. A separate application is required for each position.**

**You may submit copies of your application, but you must provide an original signature, position title, and vacancy number on each copy.*

Position Information

Position Applying For:

Vacancy Number:

Division:

Personal Information

Last Name:

First Name:

Mailing Address:

City, State:

Zip Code:

Email Address:

Fax Number: ()

Home Phone Number: ()

Message Phone Number: ()

Have you ever been convicted of or pled guilty to an offense as an adult, including
DUI and reckless driving offenses (excluding minor traffic violations)?

☐ Yes ☐ No

If yes, please explain:

Have you ever been suspended, fired, or asked to resign?

☐ Yes ☐ No

If yes, please explain:

Do you have any relatives employed by the City of Flagstaff?

☐ Yes ☐ No

If yes, please indicate name(s) and relationship:

Do you currently work for the City of Flagstaff?

☐ Yes ☐ No

If yes, please indicate title and department:

Have you previously worked for the City of Flagstaff?

☐ Yes ☐ No

If yes, please indicate date(s) and position(s) held:

Answering yes to any of the above questions will not automatically disqualify you from employment. Each case will be assessed on its relevance to a hiring decision.

Driver's License #

☐ None

Class:

State:

Do you have a valid Commercial Driver's License (CDL)?

☐ Yes ☐ No

If yes, please list endorsements and the expiration date:

Educational Information					
Name and Location (City/State) of last high school:					
Indicate last grade completed in high school: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED					
Name and Location (City/State) of College/ University/Other Schools	Dates Attended		Number of Credit Hours Completed	Type of Degree Earned (If Acquired)	Curriculum Major
	From: mm/yy	To: mm/yy			
List any courses or workshops you have attended that relate to the job for which you are applying:					
Other Important Information					
List computer hardware, software, and other office equipment you can operate and years of experience:					Typing
					No. WPM
List any other equipment you can operate (hand tools, machinery, etc.) and years of experience:					
List professional organizations, affiliations, certificates, and/or honors:					
Employment History This section must be completed even if a resume is attached. (Begin with present or last position held)					
		Employer Name and Information		Position Information	
From: mm/yy	To: mm/yy	Employer Name		Position Title	
Full-time <input type="checkbox"/>		Address		Starting Salary: Ending Salary:	
Part-time No. Hrs/week? <input type="checkbox"/>		City, ST ZIP	Phone #	Supervisor's Name	
Duties and Responsibilities:					
Reason for Leaving:					

Employment History Continued

		Employer Name and Information		Position Information	
From: mm/yy	To: mm/yy	Employer Name		Position Title	
Full-time <input type="checkbox"/>		Address		Starting Salary: Ending Salary:	
Part-time <input type="checkbox"/>		No. Hrs/week?	City, ST ZIP	Phone #	Supervisor's Name
Duties and Responsibilities:					
Reason for Leaving:					
		Employer Name and Information		Position Information	
From: mm/yy	To: mm/yy	Employer Name		Position Title	
Full-time <input type="checkbox"/>		Address		Starting Salary: Ending Salary:	
Part-time <input type="checkbox"/>		No. Hrs/week?	City, ST ZIP	Phone #	Supervisor's Name
Duties and Responsibilities:					
Reason for Leaving:					
		Employer Name and Information		Position Information	
From: mm/yy	To: mm/yy	Employer Name		Position Title	
Full-time <input type="checkbox"/>		Address		Starting Salary: Ending Salary:	
Part-time <input type="checkbox"/>		No. Hrs/week?	City, ST ZIP	Phone #	Supervisor's Name
Duties and Responsibilities:					
Reason for Leaving:					
		Employer Name and Information		Position Information	
From: mm/yy	To: mm/yy	Employer Name		Position Title	
Full-time <input type="checkbox"/>		Address		Starting Salary: Ending Salary:	
Part-time <input type="checkbox"/>		No. Hrs/week?	City, ST ZIP	Phone #	Supervisor's Name
Duties and Responsibilities:					
Reason for Leaving:					
If you need more space for Employment History, please photocopy this page.					

Additional Information		
Please explain your reasons for interest in this position. Also provide any additional information which may more fully describe your qualifications, experience, and education.		
References		
List 3 persons other than relatives or supervisors who can attest to your character and ability regarding the position for which you are applying.		
Name	Title/Occupation	Years Known
Address	Phone Number	
Name	Title/Occupation	Years Known
Address	Phone Number	
Name	Title/Occupation	Years Known
Address	Phone Number	
Conditions of Employment		
Please read carefully before signing.		
You must sign this statement to be considered for employment.		
<p><i>I, the undersigned, certify that all information given by me in this application is true. I understand that false information (misrepresentation or omission of information) will disqualify me from employment or cause my subsequent dismissal. I authorize investigation of all statements contained herein. I also authorize the employers and/or references listed to release any and all information concerning my current and previous employment and any pertinent information. Additionally, I release all parties from any liability for any damages that may result from furnishing such information. In submitting this application, I further understand that all application materials provided become public record and property of the City of Flagstaff and will not be returned. Public records are required by law to be made available during normal business hours to any person, including the news media.</i></p>		
Applicant's Signature _____		Date _____

by calling the Human Resources Division at (928) 779-7698.

Revised 9/03

The City of Flagstaff is an Equal Employment Opportunity/Affirmative Action Employer.